

## CLAIMS ONLY

Application Number

Filing Date

Applicant(s)

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT					
	Indep	Depend	Indep	Depend	Indep	Depend				
1	/						51			
2		/					52			
3		/					53			
4	X	X					54			
5		/					55			
6							56			
7		/					57			
8		/					58			
9		/					59			
10		/					60			
11		/					61			
12							62			
13		/					63			
14		/					64			
15		/					65			
16		/					66			
17		/					67			
18		/					68			
19		/					69			
20		/					70			
21		/					71			
22		/					72			
23		/					73			
24		/					74			
25		/					75			
26		/					76			
27		/					77			
28		/					78			
29							79			
30		/					80			
31		/					81			
32		/					82			
33							83			
34							84			
35							85			
36							86			
37							87			
38							88			
39							89			
40							90			
41							91			
42							92			
43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
Total Indep	4						Total Indep			
Total Depend	32						Total Depend			
Total Claims	36						Total Claims			